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PTO/SB/22 (%0-08)

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| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)   |                     | Docket Number (Optional) |             |             |
|--|---------------------|--------------------------|-------------|-------------|
| FY 2009  |                     | 80671(302769)            |             |             |
| (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)  |                     |                          |             |             |
| Application Number 10/709,908-Conf.  | #3907               | Filed                    | June 4, 20  | 004         |
| For IMAGING DEVICE AND A DIGITAL CAMERA HAVING SAME  |                     |                          |             |             |
| Art Unit 2622  |                     | Examiner                 | W.A. C      | hen         |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.   |                     |                          |             |             |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):  |                     |                          |             |             |
|  | <u>Fee</u>          | Small Entity Fee         | 2           |             |
| x One month (37 CFR 1.17(a)(1))  | \$130               | <b>\$6</b> 5             | \$_         | 130.00      |
| Two months (37 CFR 1.17(a)(2))   | \$490               | \$245                    | \$          |             |
| Three months (37 CFR 1.17(a)(3))   | \$1110 <sub>.</sub> | \$555                    | \$_         |             |
| Four months (37 CFR 1.17(a)(4))  | \$1730              | \$865                    | \$          |             |
| Five months (37 CFR 1.17(a)(5))  | \$2350              | \$1175                   | \$          | <del></del> |
| Applicant claims small entity status. See 37 CFR 1.27.   |                     |                          |             |             |
| A check in the amount of the fee is enclosed.  |                     |                          |             |             |
| Payment by credit card. Form PTO-2038 is attached.   |                     |                          |             |             |
| 1  |                     |                          |             |             |
| The Director has already been authorized to charge fees in this application to a Deposit Account.  |                     |                          |             |             |
| The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 04-1105   |                     |                          |             |             |
| WARNING: Information on this form may become public, Credit card information should not be included on this form   |                     |                          |             |             |
| Provide credit card information and authorization on PTO-2038.   |                     |                          |             |             |
| application applic |                     |                          |             |             |
| assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  |                     |                          |             |             |
| x attorney or agent of record. Re  | gistration Number   | 34,129                   | <del></del> |             |
| attorney or agent under 37 CFR 1.34.   |                     |                          |             |             |
| Registration number if acting under 37 CFR 1.34  |                     |                          |             |             |
| WWZ book   |                     | November 7, 2008         |             |             |
| Signature  |                     | Date                     |             |             |
| William L. Brooks  |                     | (202) 478-7376           |             |             |
| Typed or printed name  |                     | Telephone Number         |             |             |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one algorithm is required, see below.  |                     |                          |             |             |
| X Total of 1 forms are subm  | nitted.             |                          |             |             |

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